

NATIONAL Assessment Centre Services

Wef 1 Jan 2005 MNA 1929621

Date In: 4/1/19.17:46	Job description	Date & Time Completed	Done by
Ref No: NA/NC 1900396 J24	SAS e-filing		
Veh No: J265322	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 2/1/19-22:42	i-Motor Claim Form	M/1034528-001	4/1/19.18:02
OD / TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No:	INC () / Non-INC ()
Owner / Driver: (Tel:	()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time: ()
Insured/Driver Liability: () %	[Note-Est Status (WO): N: 0-20%; P: 21-79% F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

HA190146	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Lat 1:	9) N12: Idac Mobile \$0		
Lat 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	04/03/2019 17:46
Date Of Accident	03/03/2019 22:40
Exact Location Of Accident	SLIP RD CORPORATION RD TWDS YUNG SHENG RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJZ6537Z
Insured/Policyholder	
Name Of Registered Owner	TAN HIANG KENG
NRIC No	S0007287G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91089683
Alternative Phone No	OFFICE-91089683
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101886887
Cover Note Number	
Driver	
Name of Driver	TAN HIANG KENG
NRIC No	S0007287G
Date Of Birth	23/03/1950
Occupation	OUTDOOR
Date Of Driving Pass	15/11/1978
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91089683
Fax Number	
Contact Number	OFFICE-91089683
Email Address	NOEMAIL

Address	BLK 107D EDGEFIELD PLAINS #04-136
Postcode	824107
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO BICYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190304/2113.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded?	NO


SKETCH PLAN


IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

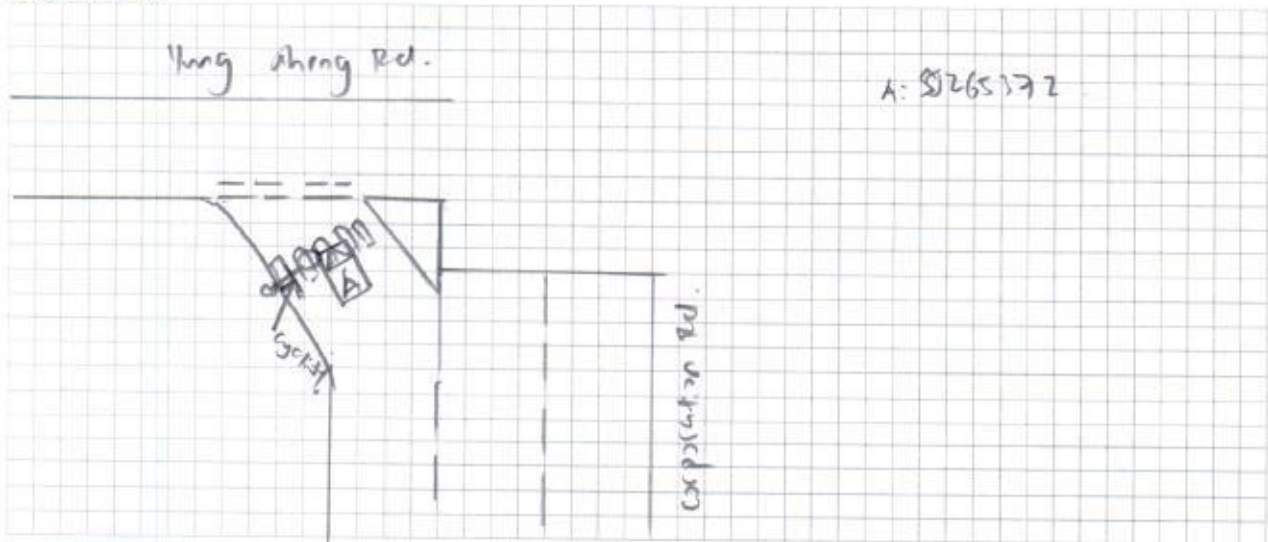
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/2190304/2113.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190304/2113

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 4

Report No. T/20190304/2113

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2019 16:28		Vide Report No.:		Station Diary No.: 72	
Informant's Particulars					
Name of Informant: TAN HIANG KENG			Address: APT BLK 107D EDGEFIELD PLAINS #04-136 SINGAPORE 824107		
ID Type / ID No.: NRIC NO / S0007287G			Contact No.: Home/Office: Mobile: 91089683		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 23/03/1950	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 03/03/2019 22:40	Type of Location: Straight Road
Location: Along Road 1 CORPORATION ROAD Along CORPORATION ROAD turning into YUNGSHENG Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJZ6537Z	Car	KIA	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR	Blue	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20190304/2113

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

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Report No. T/20190304/2113

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ6537Z	NTUC Income Insurance Co-Operative Limited	5101886887	30/06/2018	29/06/2019

Details of Person Involved				
Any Pedestrian Involved: Yes				
No. of Pedestrians Injured: 1			Use of Pedestrian Crossing: Used	
Driver				
Name	TAN HIANG KENG		ID No.	S0007287G
Related Vehicle	SJZ6537Z (Car)		Contact No.	91089683
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Cyclist				
Name	ZHANG JIAN FENG		ID No.	G2964192M
Related Vehicle	NIL		Contact No.	98879498
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	Slight

Brief Details.

On the above mentioned date,time and location, I was driving my Grab car, Kia, JZ6537Z, light blue in colour along Corporation rd toward Yung Sheng Rd with one female passenger seated at the back. I was travelling at the extreme left lane of Corporation rd and when I was approaching the zebra crossing I had slow my vehicle and make a check left and right and I am certain there is no one and hence I proceed to move on. When I was halfway on the zebra crossing, suddenly one cyclist came out of nowhere and collided onto my front left portion of my vehicle. I then made a check on my passenger and she inform she is fine. I then alighted to check on the cyclist who fell onto the ground after the collision. I then observe there is bruises on the cyclist left shin area, I then help him up and let him seat at the roadside. Subsequently around 10min, ambulance and traffic police came. The paramedic made a check on the cyclist and ask whether he want to be conveyed and the cyclist inform no. Traffic police then spoke to us and told us to proceed to a police station to lodge a traffic accident report. I wish to state for no one was injured except the cyclist and due to the accident my vehicle damages are some scratches on the front left portion of the vehicle.



**SINGAPORE
POLICE FORCE**



T/20190304/2113

Police Station Of Origin:
Tampines N.P.C

3 of 4

6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20190304/2113

CONTINUATION OF REPORT

I have in car camera installed and it capture the accident. I wish to state the traffic police had also took my SD card.

I wish to state the cyclist admitted to me that he is rushing to beat the green man crossing of the traffic light at another side and hence he dashes across the zebra crossing.



**SINGAPORE
POLICE FORCE**



T/20190304/2113

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

4 of 4

Report No. T/20190304/2113

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Staff Sgt TAN YI KUN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

Date/Time:

04/03/2019 16:28

Classification Of Case:

Authentication
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S0007287G**

Name **TAN HIANG KENG**

Birth Date **23 Mar 1950**

Issue Date **06 Apr 2004**

001190524D




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0007287G**

Name **TAN HIANG KENG**

陈贤庆

Race **CHINESE**

Date of birth **23-03-1950**

Country/Place of birth **SINGAPORE**

Sex **M**





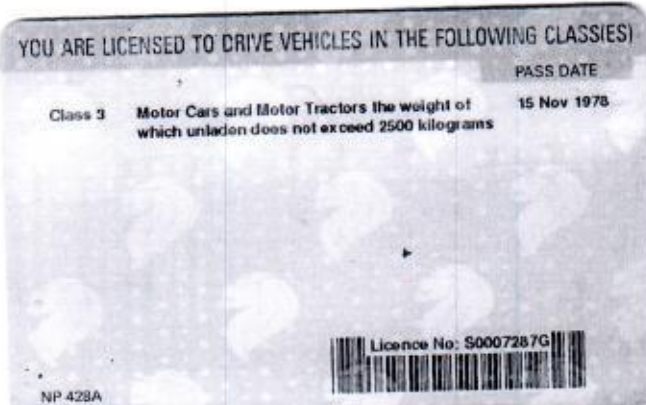
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE **15 Nov 1978**

Licence No: **S0007287G**

NP 428A




6078301

S0007287G

NRIC No. **S0007287G**

Date of issue **06-12-2018**

Address **APT BLK 107D EDGEFIELD PLAINS
#04-136
SINGAPORE 824107**




eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/03/2019 22:40"/>
Vehicle No. (For Motor)	<input type="text" value="SJZ6537Z"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5101886887		TAN HIANG KENG	S0007287G	GPC	drivo CLASSIC	SJZ6537Z	SJZ6537Z	30/06/2018	29/06/2019

 **Policy Information**

Policy No.	5101886887	Policyholder Name	TAN HIANG KENG	Policyholder NRIC	S0007287G
Certificate No.					
Address	BLK 107D #04-136 EDGEFIELD PLAINS SINGAPORE 824107				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	30/06/2018	Effective Date	30/06/2018 00:00	Expiry Date	29/06/2019 23:59
Excess Type		All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	TAN YONG SOON (CHEN YONGS	Agent Tel.	97628965	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

 **Policyholder Mailing Address**

Address 1	BLK 107D #04-136	Address 2	EDGEFIELD PLAINS	Address 3	SINGAPORE 824107
Address 4		Address Type	Singapore address	Post Code	824107
Unit No.	04-136	Related Policy Number	5101886887		

 **Insured Object: SJZ6537Z**
 **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

Claim Handling

Exit

Accident MT/1034528

Policy No.	S101886887	Vehicle No.	S126537Z	GST Registration No.	
Certificate No.					
Policyholder Name	TAN HIANG KENG	Cover Type	drive CLASSIC	Policyholder NRIC	S0007287G
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	91089683	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text"/>
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No	Private Hire	Yes		
Accident Details					
Report Date	04/03/2019 18:00	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Cyclist
Date of Accident	03/03/2019	Time of Accident hh:mm	22:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD CORPORATION RD TWDS YUNG SHENG RD				
Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 107D #04-136	Address 2	EDGEFIELD PLAINS	Address 3	SINGAPORE 824107
Address 4		Address Type	Singapore address	Post Code	824107
Unit No.	04-136	Related Policy Number	S101886887		
DI Driver Info					
Driver Name	TAN HIANG KENG	Driver Type	Main Driver	Driver DOB	23/03/1950
Uninsured driver Name		Driver NRIC	S0007287G	Driving Experience	40
Register Date of Driver License	15/11/1978	Driver Age	68	Contact No.(Home)	0
Contact No.(Mobile)	91089683	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 107D	Address 2	EDGEFIELD PLAINS	Address 3	SINGAPORE 824107
Address 4		Address Type	Singapore address	Post Code	824107
Unit No.	04-136				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Modification History					

Claim 001 New

Claim Type *	OD-MX	Insured Name	TAN HIANG KENG	Insured NRIC	S0007287G
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		OT Vehicle Number	S126537Z	TP Vehicle Number	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	S126537Z ON 3 Mar 2019				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	04/03/2019 18:02	Claim Close Date		Date Received	04/03/2019 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/1034528	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/03/2019 18:03
Path *		Category *	
	Browse...		Please Select
	Browse...		Please Select
	Browse...		Please Select
	Browse...		Please Select
	Browse...		Please Select

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 04 Mar 2019 18:03	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 04 Mar 2019 18:03	SAS	Normal	SAS 2019-3-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 04 Mar 2019 18:03	Photos	Normal	Photos 2019-3-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 04 Mar 2019 18:03	Photos	Normal	Photos 2019-3-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 04 Mar 2019 18:03	Photos	Normal	Photos 2019-3-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 04 Mar 2019 18:03	Photos	Normal	Photos 2019-3-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 04 Mar 2019 18:03	Photos	Normal	Photos 2019-3-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 04 Mar 2019 18:02	Photos	Normal	Photos 2019-3-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 04 Mar 2019 18:02	Photos	Normal	Photos 2019-3-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 04 Mar 2019 18:02	Photos	Normal	Photos 2019-3-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 04 Mar 2019 18:02	Photos	Normal	Photos 2019-3-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 04 Mar 2019 18:02	Photos	Normal	Photos 2019-3-4		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV[CES] on 04 Mar 2019 18:02	Photos	Normal	Photos 2019-3-4		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>				